

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARDEN COURTS OF KING OF PRUSSIA PA LLC
LEGAL ENTITY

To operate ARDEN COURTS OF KING OF PRUSSIA
NAME OF FACILITY OR AGENCY

Located at 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 56
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 56

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129950

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Mr. Barry A. Lazarus, Vice President
Arden Courts King of Prussia PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 27, 2012, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12995 - 12/27/2012 - McHale, Christine
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 12/27/12 the home's current violation report and a copy of 56 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The current copy of the licensing inspection summary and license, and copy of this chapter are posted in the front lobby and in the display case in the resident living area.
See attached: photos of both areas showing posted materials

The Administrative Services Coordinator (ASC) and the Executive Director (ED) will round daily to assure compliance.

Date: January 23, 2013, and on-going

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)


Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Mark 1/15/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/14/13
(Date)

Plan of correction implementation status as of 2/14/13
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12996 - 12/27/2012 - McHale, Christine
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
A bottle of disinfectant cleaner, with a manufacturer's label indicating "Call Poison Control Center or physician for treatment advice", was unlocked and accessible to residents in a lower cabinet in the "green" kitchen. All of residents of the home have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The caregivers and housekeepers were in-serviced on the proper storage of chemicals and keeping the kitchen cabinets in the houses locked at all times, those that do have locks on them. In-service completed by M. Dorsey on 1/16/13.
See attached Attach in-service

The Resident Services Supervisors (RSS) will complete daily rounds re. "No unsafe items observed" and "All cabinets with locks are locked."
Date: January 23, 2013, and on-going
See attached Attach RSS Daily Rounds

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Mark Dorsey 1/18/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/4/13
(Date)

Plan of correction implementation status as of 2/4/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12995 - 12/27/2012 - McHale, Christine
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The ventilation systems in the bathrooms in resident room #49 and resident room #50 were not operable. The bathrooms do not have windows.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

John Bachman, HVAC, will complete the necessary repairs to the ventilation systems in resident rooms #49 and #50 to assure compliance. When the work is completed, a copy of the work invoice will be sent to DPW. Any estimate when they will be completing the work?

The Building Services Coordinator (BSC) or designee will complete daily rounds to ensure exhaust and ventilation systems are functioning properly.

Date: February 1, 2013, and on-going
See attached Attach Monthly Rounds

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page)

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The above plan of correction is approved as of 2/14/13
(Date)

Plan of correction implementation status as of 2/14/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
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Violation Report: 12995 - 12/27/2012 - McHale, Christine
POH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been submitted to the municipal emergency management agency since 4/27/09.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The written emergency procedures have been reviewed and updated, and submitted to the local emergency management agency by the Executive Director (ED) on 12/31/12
Responsibility: ED
See attached.

The ED will review and update the ER procedures on an annual basis by
December of each year.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page)

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The above plan of correction is approved as of 3/1/13
(Date)

Plan of correction implementation status as of 3/1/13
(Date)

The above plan of correction was approved by RB
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12995 - 12/27/2012 - McHale, Christine
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
On 12/20/12, at 2:30 pm, resident #1's PRN Lorazepam 5mg/mL was administered. This medication was not documented on the resident's medication administration record.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff member who did not complete the documentation on Resident's #1 medication administration record was counseled regarding regulation 2600.187(b) by Kelly Fitch on 1/10/13.
See attached Attach FESA

The nursing staff and medication administrators were in-serviced regarding regulation 2600.187(b) regarding the required documentation when medications are administered. In-service completed 1/15/13 by M. Dursey.
See attached Attach In-Service Documentation

The Resident Services Coordinator (RSC) or designee will complete weekly medication cart audits to ensure documentation compliance.
Date: January 23, 2013, and on-going
See attached Attach Med. Cart Audit

Repeat Violation: No Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Mark Dursey 1/15/13

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The above plan of correction is approved as of 3/1/13
(Date)

Plan of correction implementation status as of 3/1/13
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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- Not Implemented